Q&A - Expert to Expert Webinar: Annual Updates for Stroke -02, -03, -05 eCQMs for 2025 Implementation

Broadcast December 5, 2024

Theme	Question	Answer
Anticoagulants	Is there any recommendation for maintenance anticoagulant medications as prevention standard?	Please consult clinical resources within your organization and/or any relevant clinical practice guidelines.
Atrial Fibrillation	STK-3: If an ED physician interprets the EKG as A-fib but it is signed as normal. Is that considered a diagnosis?	Any physician documentation of atrial fibrillation/flutter (remote, persistent, paroxysmal) in the Electronic Health Record should be documented as "yes" for this data element. Questions regarding the interpretation of the tracing should be directed to clinical staff within your organization.
Benchmarks	When will updated benchmarks will be available for these metrics and other metrics?	Current 2022 national averages for organizations submitting eCQMs were provided during this presentation on slide 16. Updated benchmark data is posted to https://data.cms.gov/.
Both Ischemic and Hemorrhagic Strokes Coded	STK-5: Can a secondary code of hemorrhagic STK (primary code ischemic STK) exclude/be an auto contraindication to anticoagulation medications?	A principal diagnosis of ischemic stroke is required for a case to be included in the STK-5 initial population. Patients with a principal diagnosis of hemorrhagic stroke are not part of the initial population. A secondary diagnosis of hemorrhagic stroke will not exclude the case. If the hemorrhage is recent, additional documentation is needed to exclude the case as a medical reason.
Both Ischemic and Hemorrhagic Strokes Coded	STK-2: If the patient has an ischemic stroke principle and hemorrhagic stroke within the codes as well, then does the doctor need to chart a contraindication since the patient had a bleed or does the mapping pick up the hemorrhagic stroke as well?	A principal diagnosis of ischemic stroke will result in the case being included in the initial population. A secondary diagnosis of hemorrhagic stroke will not exclude the case. However, if appropriate reason for not prescribing antithrombotic therapy at discharge is specified, this case can be excluded.

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Brand Name Medications	The Value Sets only have generic RxNorms. Can brand names be used? Our cases are dropping out of the measure if our providers prescribe Eliquis instead of Apixaban.	The medication value sets developed for the program contain Semantic Clinical Drugs (SCD) RxNorm codes that are generic, and prescribable. SCD RxNorm codes are generalizable drug concepts, providing information about ingredient, strength, and dose form. Brand name medication codes can be mapped to the SCD RxNorm codes found in the value set. Please consult with your EHR vendor and clinical partners for more information about mapping. If mapping is conducted, you should maintain documentation in case of a CMS audit.
Comfort Measures Only	For STK 2 (CMO) Comfort Measure Only exclusion. Will case meet criteria for exclusion if CMO on day 1 or 2? Or any day during encounter?	Inpatient hospitalizations for patients with comfort measures documented at any time during the encounter will meet denominator exclusion criteria for STK-2.
Contraindications	Is Watchman or another left atrial appendage device an appropriate contraindication for STK-3, if performed prior to stroke incident?	An atrial appendage closure device may qualify as a documented reason for not prescribing anticoagulation therapy at discharge depending on when the closure device was placed. If an appropriate medical reason is documented for not prescribing anticoagulation therapy at discharge the case will meet exception criteria and be removed.
Diagnosis Timing	How does the logic fail to include a case in the measure if the patient was not diagnosed with a stroke until day 3 or 4?	STK-5 is a time-sensitive measure and limited to the day of or day after hospital arrival. The criterion is based on the principal diagnosis of ischemic stroke and antithrombotic therapy administered the day of or day after arrival. Delay of diagnosis does not exclude the patient from the measure and for optimal care the patient should have antithrombotic therapy the day of or day after arrival. A documented medical reason for not providing antithrombotic therapy day of after arrival can exclude the case. The date of clinical stroke diagnosis is not captured or used in the measure logic.

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Discharge Medications	Discharged on Aspirin 81 mg will meet the measure, not 325 mg?	In order to meet the numerator for the STK-2 measure, a patient must be prescribed antithrombotic therapy at discharge. Appropriate medications for antithrombotic therapy are captured in the "Antithrombotic Therapy for Ischemic Stroke" value set (2.16.840.1.113762.1.4.1110.62). Both 81 mg and 325 mg of aspirin meets numerator criteria.
Discrete Fields	Does the "medical reason for not providing the antithrombotic" need to be specified?	To meet denominator exception criteria for STK-2. STK-3, and STK-5 eCQM, the documented reason for not administering or prescribing antithrombotic therapy should be documented in a discrete field in alignment with the values provided in the "Medical Reason For Not Providing Treatment" value set (2.16.840.1.113883.3.117.1.7.1.473).
Discrete Fields	It would be helpful to show an example how the discharge medications are pulled to meet the measure with a value set that meets the measure, as well as when a reason is given by the physician. No free text.	We recommend reaching out to your EHR vendor and your hospital leadership to learn more about internal mapping workflow processes. If mapping is conducted, you should maintain documentation in case of a CMS audit.
Heparin Injections	Will Heparin injections count this year as at discharge STK 3 acceptable medications?	To meet the numerator criteria for STK-3, the medication prescribed at discharge must be included in the "Anticoagulant Therapy" (2.16.840.1.113883.3.117.1.7.1.200) value set. Heparin at lower subcutaneous doses is administered for VTE prophylaxis. Lower doses of subcutaneous heparin do not meet the clinical intent of anticoagulation therapy for STK-3.

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History of Atrial Ablation	STK-3: What if atrial ablation was done as an infant/child?	A history of atrial fibrillation or history of ablation procedure for atrial fibrillation will include the case in the STK-3 denominator. The likelihood of recurrent atrial fibrillation increases with time following an ablation procedure. However, atrial ablation may be a medical reason for not prescribing anticoagulation therapy at discharge if documented in the current medical record. In order to meet denominator exception criteria, the medical reason must be included in the corresponding value set "Medical Reason For Not Providing Treatment" (2.16.840.1.113883.3.117.1.7.1.473).
History of Atrial-Fib/Flutter	STK-3: We have issues with diagnoses of afib/aflutter from prior years but not currently being captured. When it says "prior to...current encounter" how far back is "prior"?	A documented diagnosis, current finding, or history of atrial fibrillation/flutter needs to be documented in the medical record for the encounter being reviewed for the case to meet denominator criteria for STK-3
Inclusion of ED or Observation Status	To clarify, will patients transferred from ED or Observation Status be included in the initial population, and does this count towards compliance with antithrombotic therapy within the first 2 days?	STK-5 includes the function Global.HospitalizationWithObservation. If discharge from ED and/or Observation Status and admission to inpatient was less than 1 hour, then the encounter includes ED or Observation through the Inpatient Admission timeframe. If antithrombotic medication is administered on the day of or day after arrival, the case will be captured in the numerator population.
LOS > 120 days	Would patients with a length of stay (LOS) greater than 120 days now be included in the denominator?	Yes, the patients with a LOS > 120 days will be included in the STK-2, 3, and 5 denominators. The length of stay less than or equal to 120 days LOS criteria was removed to align with other program measures.
Significant Change(s)	The STK 2, 3, 5 measures seem to have not changed, this was only a deep review of the measures?	There were no major changes made to the STK 2, 3, and 5 eCQMs for this annual update. For a comprehensive list of all changes from 2024 to 2025 reporting versions, please review Technical Release Notes located on the eCQI Resource Center at https://ecqi.healthit.gov/sites/default/files/2025-EH-CAH-TRN-v2.pdf.

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tPA Therapy	STK-5: How can hospitals prevent Cath-Flo (Alteplase) administration used to clear an occluded IV line and not for the purposes of treatment of stroke, not be viewed as a Denominator Exclusion?	For STK-5, IV tPA therapy administered within 24 hours prior to arrival or anytime during hospitalization to treat an acute ischemic stroke event is a denominator exclusion. Small-one-time doses of alteplase or tenecteplase may be insufficient to increase the risk of bleeding.
Value Sets	Can you provide a visual list of the medication names of the acceptable anticoagulant and antithrombotic medications?	Value sets are used in the eCQMs to define the medication interventions that meet the numerator. The value sets used within the measure are provided on the human readable in the terminology section. For detailed information about the acceptable medications included in the value set, please visit the Value Set Authority Center at https://vsac.nlm.nih.gov/. For STK-2 and STK-5 measures, refer to value set Antithrombotic Therapy for Ischemic Stroke (OID: 2.16.840.1.113762.1.4.1110.62), and for STK-3, refer to the value set Anticoagulant Therapy (OID: 2.16.840.1.113883.3.117.1.7.1.200).